

Guidelines for Communicating with Family Members Regarding Change in Persons Receiving Services Status

Background

In response to a tragic event, St. Joseph's Healthcare Hamilton received a recommendation from the Coroner as follows:

We recommend that where family involvement is accepted by the person receiving services, that St. Joseph's Mental Health and Addiction Program increase the communication with the family as to the plan of care prior to the expiration or change of a "Form 1" and/or "Form 3".

Philosophically, St. Joseph's Healthcare Hamilton is committed to providing person and family centred care which emphasizes involvement, partnerships and collaborations between healthcare providers, persons receiving services and their families. Central to this is the need for open, meaningful and informative communication that informs care and supports recovery. While communication would seem to be very basic to persons receiving services and to their families, it can be very complex and strongly influenced by the differing perspectives of those involved:

- **Person receiving services:** defined as an individual living with mental illness/addiction and receiving care by St. Joseph's Healthcare Hamilton. As such, he or she has the right to grant or deny consent for family involvement and the release of information to family members at any time. Persons receiving services bring a lifetime of experiences and beliefs that inform their decisions to allow or deny information sharing with family members. This right to grant or deny consent is entrenched in privacy legislation and its emphasis on confidentiality in a treatment environment.
- **Family:** defined as any individual(s) who is identified by the person living with mental illness/addiction as being a significant support in their life. Family members have a wealth of experience with their loved one that can help to inform and influence care. They also have a strong interest in the well-being of their loved one and many feel that as a family member, they have a 'right' and a 'need' to know about the person receiving services including progress and status changes. However, family members must respect the wishes of the person receiving services and recognize the constraints imposed by Ontario's privacy legislation.
- **Healthcare Providers:** defined as those professionals within the circle of care for the person receiving services. Healthcare providers need to recognize and value the

contribution that family can make in the recovery process while balancing this with the right of the person receiving services when determining the level of family involvement.

In speaking with persons receiving services, families and service providers, it becomes quite clear that in many cases, the onus falls to the healthcare provider to understand, respect, and balance the differing perceptions, rights and desires of the person receiving services and their family. It also becomes apparent that healthcare providers can be uncomfortable with this role of balancing multiple and sometimes conflicting needs and therefore, default to 'confidentiality' or avoiding communication.

To support healthcare providers in the important role of communicating with family, especially with respect to care planning and status changes, the attached *Guidelines* were developed with input from persons receiving services, families and healthcare providers

Recommendations

The purpose of the *Guidelines* is to address the narrow direction of the Coroner's Recommendation to increase communication with the family as to the plan of care prior to the expiration or change of status of the person receiving services. The role of family in improving quality and safety, decreasing costs and increasing satisfaction is much broader than the exchange of information regarding the status and care planning for the person served. However, establishing family-centred care requires a long term commitment to transforming culture.

It is recommended that:

1. The *Guidelines* be circulated and implemented as a procedure (not policy) in the Mental Health and Addiction Program pending the development of a broader strategy;
2. Consideration be given to developing signage and written materials that advise families that when the person receiving services does not wish his/her family contacted and does not provide consent for disclosure, staff cannot provide any personal or clinical information however, **STAFF MAY RECEIVE INFORMATION FROM FAMILY MEMBERS.**

3. An assessment of the current state of family involvement across the Mental Health and Addiction Program be undertaken including an audit of programs/services offered to families through the Program
4. On the basis of the assessment, a strategy and action plan for the implementation of a family inclusive model of practice that incorporates the family perspective at every level of the Mental Health and Addiction Program be developed (e.g. Advancing the Practice of Patient and Family Centred Care in Hospitals: Getting Started, Institute of Patient and Family Centred Care, www.ipfcc.org)
5. Peer Support Council, Family Advisory Council, Hospital Administration and Staff to work collaboratively to develop educational materials and presentations to promote a family inclusive model of care.
6. Use the existing Patient and Family Collaborative Support Services to its full potential to promote and support family involvement.

Acknowledgements

The recommendations and guidelines are the result of consultative and collaborative efforts of:

- Peer Support Council of the Mental Health and Addiction Program
- Family Advisory Council of the Mental Health and Addiction Program
- Patient and Family Collaborative Support Services
- Staff of the Mental Health and Addiction Program

Guidelines

Communicating with Family Members

Principles:

- ❖ With the consent of the person receiving services, family should be advised, as soon as possible, of changes in the care plan and any changes in the person receiving services status while in hospital.
- ❖ The person receiving services has the right to grant or deny consent for family involvement and release of information to family members at any time, except in such circumstances wherein the family member has been appointed as the Substitute Decision Maker.

Definitions

- **Person receiving services:** defined as an individual living with mental illness/addiction and receiving care by St. Joseph's Healthcare Hamilton. As such, he or she has the right to grant or deny consent for family involvement and the release of information to family members at any time. Persons receiving services bring a lifetime of experiences and beliefs that inform their decisions to allow or deny information sharing with family members. This right to grant or deny consent is entrenched in privacy legislation and its emphasis on confidentiality in a treatment environment.
- **Family:** defined as any individual(s) who is identified by the person living with mental illness/addiction as being a significant support in their life. Family members have a wealth of experience with their loved one that can help to inform and influence care. They also have a strong interest in the well-being of their loved one and many feel that as a family member, they have a 'right' and a 'need' to know about the person receiving services including progress and status changes. However, family members must respect the wishes of the person receiving services and recognize the constraints imposed by Ontario's privacy legislation.
- **Healthcare Providers:** defined as those professionals within the circle of care for the person receiving services. Healthcare providers need to recognize and value the contribution that family can make in the recovery process while balancing this with the right of the person receiving services when determining the level of family involvement.

Procedure

1.0 Seek Consent to Communicate Regarding Change in Status (Please refer to Appendix A)

1.1 When to Request Consent

Consent should be requested at the time of admission.

In the event that consent is not given at the time of admission, the request should be made again with improvement/change of mental status, unless clinically contra-indicated* (Please refer to Section 1.4 below)

1.2 How to Request Consent at Admission.

Requesting consent to communicate with family or significant others can be a very sensitive –subject for the person receiving services. For many, it may be a welcomed request as family support is appreciated and desired however, for some, it may give rise to negative feelings of anger, hurt, interference or rejection. It is therefore imperative that the request be sensitive to all potential reactions.

At the time of admission, the person receiving services may be asked **“Is there someone you would like us to call to let them know you are here?”** This allows an entry into a discussion regarding the supports the person receiving services identifies and offer a starting point for discussion of who may be contacted. If the person receiving services identifies who they would like notified, staff may then proceed to ask for consent to speak to the person(s) and, at that point, a conversation can be initiated about the type of information the person receiving services wishes to share, and that which they would like to keep confidential for each person identified. The person receiving services’ preferences/requests need to be noted on the person receiving services’ chart.

Staff need to be sensitive to the reaction of the person receiving services. If the person receiving services is hesitant, staff may suggest that it is often helpful to have family involved in their care and ask if there is anyone they would like to have involved.

Simultaneously, staff also needs to inform the person receiving services that their rights to privacy are protected by legislation and that only information they wish us to share will be released.

If the person receiving services says 'no' or appears uncomfortable by the discussion, the staff may suggest that they speak at a later time. The time and date of the request should be noted at the front of the Face Sheet in the person receiving services' chart. It may be helpful to the person receiving services if staff enquire about the reason for the denial. This will help to inform staff in how to proceed with future discussion.

If the person receiving services gives consent for communication with family, a release of information form is signed and filed in their chart. At that time, a conversation can be initiated about the type of information the person receiving services wishes to share, and what information they would like to keep confidential for each person identified. The person receiving services' preferences/requests need to be noted on the Person receiving services' chart.

1.3 How to Request Consent When Previously Denied.

At the time of admission, the person receiving services may deny consent for staff to contact their identified family. It is important to note that the person receiving services has the right to grant or deny consent for family involvement and release of information to family members at any time. They also have the right to have their choices respected. It is therefore important, when asking a person receiving services about their previously stated requests, that the staff be sensitive and not appear to be disrespectful of their choice or pressuring them to change.

The person receiving services' previous choices can be validated with a question such as **"I know that when you were asked before, you were not ready to identify someone you would like us to contact. Would you like to make a different choice at this time?"** If the person receiving services agrees, staff may then proceed to ask for consent to speak to the person(s) identified and at that point a conversation can be initiated about the type of information the person receiving services wishes to share, and what information they would like to keep confidential for each person identified. The person receiving services' preferences/requests need to be noted on the person receiving services' chart.

1.4 How to Make Repeated Requests for Consent

If the clinical team decides that it is NOT clinically indicated or supported to continue to ask for consent, no further requests should be made. The decision to not ask for consent

to speak with family should be clearly documented with reasons in the chart. Where possible, family should be advised of this decision and the rationale for not pursuing consent.

If the clinical team decides that it is appropriate to continue to repeat requests for consent from the person receiving services, the conversation may be revisited with **“I know earlier in your admission you chose not to sign a release of information to allow us to communicate with anyone. I respect that decision but am just checking if you have reconsidered and if there is anyone who you think would be supportive to you - and who you would like us to contact on your behalf?”** If the person receiving services agrees, staff may then proceed to ask for consent to speak to the person(s) identified and at that point a conversation can be initiated about the type of information the person receiving services wishes to share, and what information they would like to keep confidential for each person identified. The person receiving services’ preferences/requests then need to be noted on the chart. .

If the person receiving services does not agree the staff should be supportive in his/her decision and reinforce their right to deny communication. The time and date of the request should be noted in the chart.

2.0 Communication with Family With Approval of the Person Receiving Service (Please refer to Appendix B)

2.1 What to Communicate

The person receiving service should be advised of change(s) in their care plan, therapeutic pass level and status; including the reasoning behind the change(s) as well as the plan in place should the changes not be successful. This should be done as soon as possible and prior to notification of identified family members.

When consent of the person receiving services has been obtained, family, as identified, should be advised of the change(s) in mental health status including the reasoning behind the change(s) as well as the plan in place should the change(s) not be successful.

If visit or discharge is to home of family, family members must be given advance notice and provide approval prior to the plan being initiated.

Notification will be documented in the clinical record of the person receiving services.

2.2 When to Communicate

Communication should occur as soon as possible when the following changes occur:

- Admission
- Issuance of a Mental Health Form
- Continuation of a Mental Health Form
- Termination of a Mental Health Form
- Change in Therapeutic Pass to Level 3 or 4
- Signing out against medical advice
- Unauthorized leave of absence (ULOAs)
- Planned visit to home of family
- Discharge
- Other changes as clinically indicated

3.0 Communication with Family Without Approval of the Person Receiving Service (Please refer to Appendix B)

When the person receiving services does not wish his/her family contacted and does not provide consent for disclosure, staff cannot provide any personal or clinical information however, **STAFF MAY RECEIVE INFORMATION FROM FAMILY MEMBERS.**

In circumstances where there is not consent to share information, it is very important to be polite, supportive and sensitive when informing family members. Staff may advise: **“I imagine that it is very difficult for you to hear but (your family member) has not given consent to share information about (your family member’s) care or progress to be shared with you at this time but I can certainly hear and inform the treatment team of any information you think we should know”**. All information provided should be documented and shared with the treatment team.

The person receiving services should be informed if anyone contacts staff about them, unless it is determined that the information would cause or increase risk to the person or erosion of familial relationships. At the same time, the person should be assured that clinical information relevant to their care or progress will not be released without their consent however staff can listen to family concerns, and forward pertinent information to the treatment team.

Information received from family members needs to be shared with the treatment team and may be considered in the clinical decision making process.

4.0 Documentation

Requests for consent, consent given/denied, and all contacts must be documented in the patient record.

An alert should be placed at the front of the chart confirming if consent to communicate has been granted and if so, the details of what can be disclosed to whom as per signed consent.

For Services and Programs who use the HARM Review model and provide written feedback to those receiving services, confirmation of consent and assignment of staff to make contact can be included in the Team Section (please refer to Appendix C).

5.0 Related Policy

Please refer to:

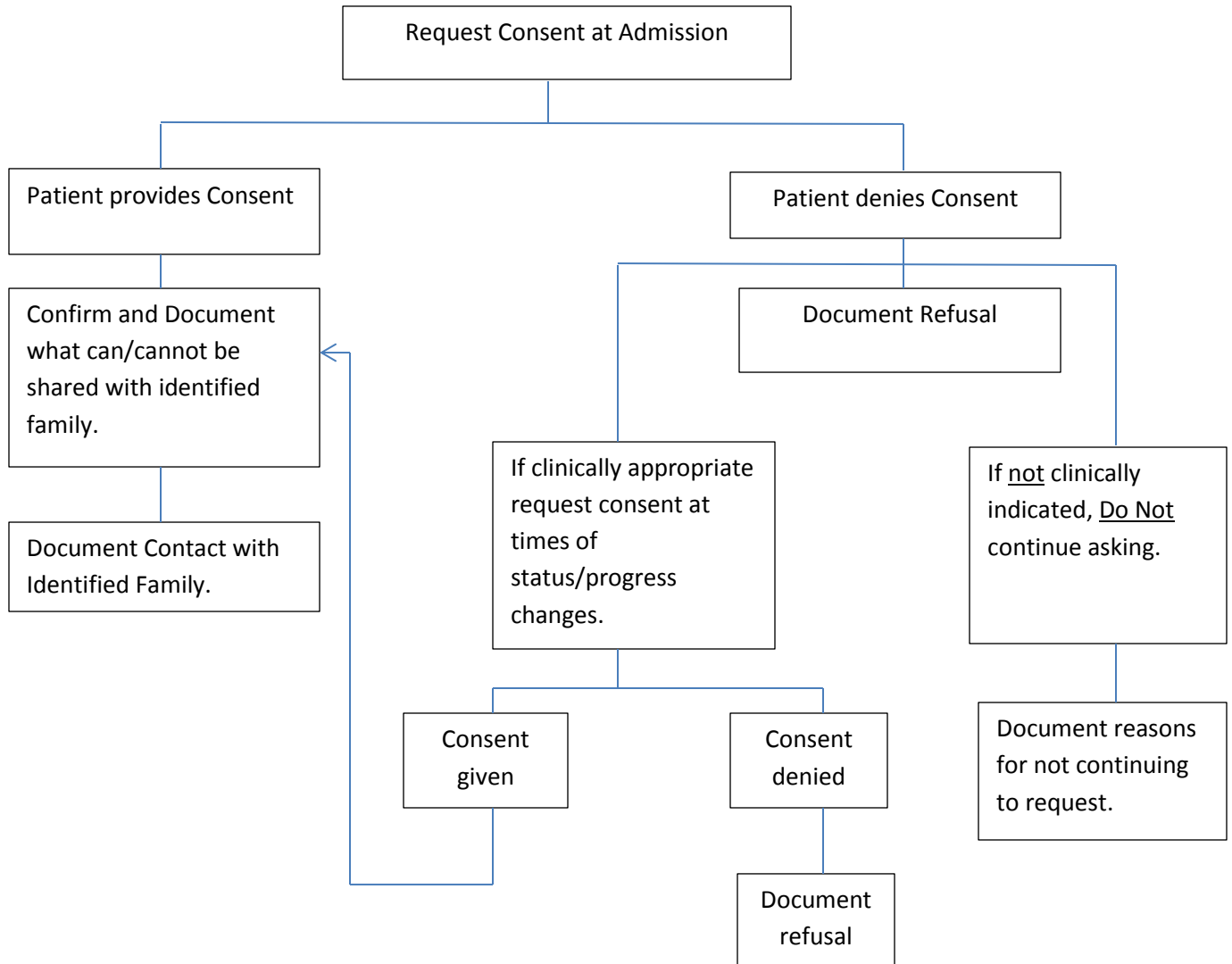
090- ADM Privacy of Personal Information regarding the requirements of confidentiality

060-ADM Consent to Treatment regarding the role of the Substitute Decision Maker

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APPENDIX A

OBTAINING CONSENT TO SHARE INFORMATION WITH IDENTIFIED FAMILY**



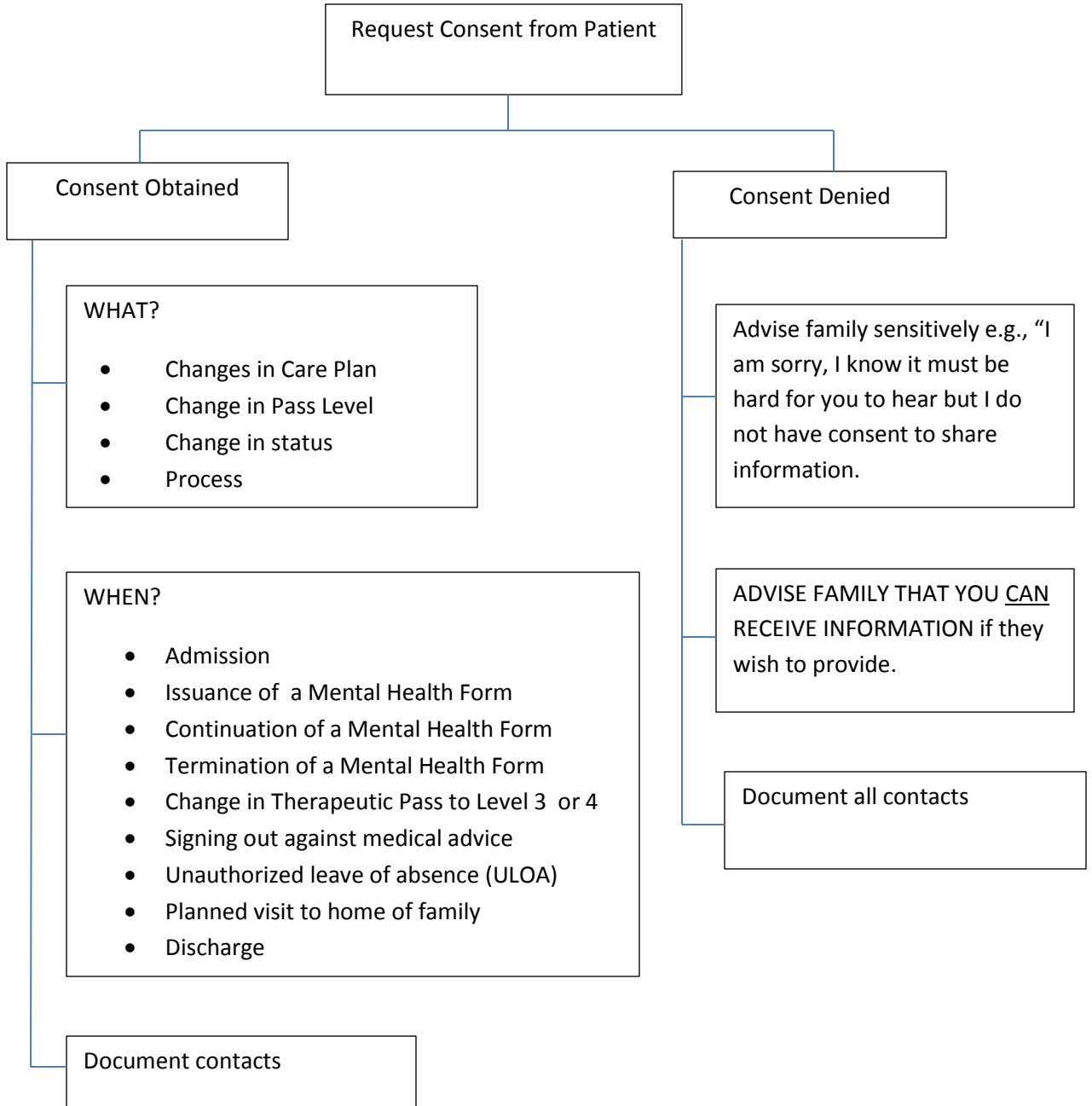
REMEMBER: Staff may receive information from identified family without consent.

Staff cannot provide confidential information regarding care or progress without consent of patient.

** **Family:** defined as any individual(s) who is identified by the person living with mental illness/addiction as being a significant support in their life. Family members have a wealth of experience with their loved one that can help to inform and influence care. They also have a strong interest in the well-being of their loved one and many feel that as a family member, they have a 'right' and a 'need' to know about the person receiving services including progress and status changes. However, family members must respect the wishes of the person receiving services and recognize the constraints imposed by Ontario's privacy legislation.

APPENDIX B

COMMUNICATING WITH FAMILY MEMBERS**



Family: defined as any individual(s) who is identified by the person living with mental illness/addiction as being a significant support in their life. Family members have a wealth of experience with their loved one that can help to inform and influence care. They also have a strong interest in the well-being of their loved one and many feel that as a family member, they have a 'right' and a 'need' to know about the person receiving services including progress and status changes. However, family members must respect the wishes of the person receiving services and recognize the constraints imposed by Ontario's privacy legislation.

APPENDIX C

HARM Review Feedback

Name: _____ Date: _____

Your progress has been reviewed by your clinical team.

The following areas have been discussed and the following changes have been noted.

	Improvement	Worsening	No Change
Rule Adherence			
Psychiatric Symptoms			
Impulse Control			
Social Support			
Program Participation			
Substance Abuse			
Medication Adherence			
Attitude			
Other			

Your privilege request was also reviewed and based on the changes noted above:

Your privilege request has been *granted* _____ †

Your privilege request has *not been granted* _____ †

Your privilege request was taken into consideration and you have been granted the following privileges:

Team Meeting Recommendations:

Date of Feedback: _____

Discussion/Action Plan:

Your Team:

Psychiatrist: _____

Nurse: _____

Social Worker: _____

Occupational Therapist: _____

Recreation Therapist: _____

Vocational Therapist: _____

To be completed in Team Meeting:

Was a Risk Assessment Completed?	Yes	No
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Was there a change in Risk?	Yes	No
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Were changes in Privileges warranted?	Yes	No
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In response to risk, was the Care Plan changed?	Yes	No
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Consent to Notify Family of Change on File?	Yes	No
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Family to be notified by _____ Date Completed _____